DO NOT DETACH

PLEASE TYPE C	RPRINT	Entered previous May Show
		yes 🗆 no
☐ Ms.		A
Mr. Artist_A	NTHON	14 SCHEPIS
Address 347	20 SHE	(Last Name Last) FRWOOD DR. SOLOM
Stre		City
44139	Tel. (216	1248-4641
Zip	Area Code	
Temporary or	CHHIT	
Studio Address_		0'-
5	Tel. (City
7.		
Zip	Area Code	
If you do not pre	sently live in	one of the counties of the
Western Reserve,	which county	y were you born in?
Callabaratar		
Collaborator	(If Any)	
If May Show entr	ies are not ac	ccepted or not sold:
Artist will pic		
☐ Museum shou		
iningeniii siiot	iiu siiip to art	tist C.O.D. at this address:
		•
Special Instructio	ns	
oposiai ilistractio	110	

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

A. Sthepen

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

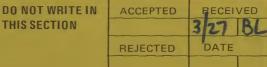
The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature All Mony Sichiffen



ACCEPTED

REJECTED



1982 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

ANTHONY SCHEPIS				
Name				
34720 SHERW	1000 DRIVE			
Address				
SOLON, OHIO	44139			
City & State	Zip			

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DO NOT WRITE IN THIS SECTION

DO NOT DETACH

REJECTED

H	1. Paintings	☐ 2. Graphics	☐ 3. Photography
	4. Sculpture	☐ 5. Crafts	

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Title CONFIGURATION IL, TRIAD

155	(1)	X	
	ngs 🗆 2. Gra ure 🗀 5. Cra		Photography

ACCEPTED

Title

DO NOT WRITE IN THIS SECTION	ACCEPTED	REJECTED	

This is your only receipt to claim your object(s).

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.